Vermont Department of Taxes PO Box 547 Montpelier, VT 05601-0547

Phone: (802) 828-2551

VT Form **REF-620**

Application for Refund of VT Sales and Use Tax or Meals and Rooms Tax



	•							
Business Name	Business Name				Telephone Number			
Address					Vermont Business Account Number			
City		State	ZIP Code		Period Co	vered by Claim	(mm/dd/yyyy - mm/dd/yyyy)	
Foreign Country (if not United States)	E-mail	Address					
Name of Representative (if any)					Telephone	Number		
Address		City			State ZIP Code			
E-mail Address								
			Da	fund Amo	4	¢		
			Ne.	iunu Amo	unt	.Ф	·	
Give a full explana	ation below (see instructions). Use a	additional sheets if necessa	ary and submit all o	locuments need	ed to properly su	ostantiate your o	claim.	
Rooms tax pursuar	ned above, or partner, officer, or nt to 32 V.S.A. § 9781 (SU), and portion of the tax has been refur	§ 9245 (MR). I certify al	II Vermont Sales					
Signature of Responsible Officer			Date	Date		е	May the Dept. of Taxes discuss this return with the preparer shown? Yes No	
Printed name				ess (optional)				
Preparer's signature				Date Check if self-employed Preparer's Social Security No. or PTIN			Check if self-employed	
Paid Preparer's	printed name							
Use Only Firm's name (or yours if self-employed) and address								
Preparer's Telephone Number ()				Preparer's e-ma	Preparer's e-mail address (optional)			